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**Transmittal Form (1 pg); Fee Transmittal Form (1 pg); Credit Card Payment
Form (1 pg); Petition for Extension of Time (1 pg); Amendment/Reply to
08/18/04 Office Action (13 pgs); Return receipt postcard**

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On December 17, 2004
Date

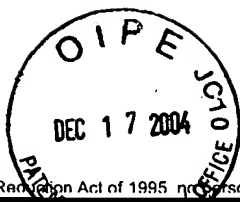
Connie A. Mills
Signature

Connie A. Mills
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Docket No. 09792909.5142



PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$120.00)**Complete if Known**

Application Number	09/932,050
Filing Date	08/17/2001
First Named Inventor	ATSUMI, Yoshinori
Examiner Name	DOVE, Tracy Mae
Art Unit	1745
Attorney Docket No.	09792909.5142

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
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19-3140

Sonnenschein et al.

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- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, **except for the filing fee**
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to the above-identified deposit account.

☐ Other (please identify):**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$ 0.00**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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Subtotal (2) \$ 0.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
1-month extension of time	110	55	120.00
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$ 120.00**SUBMITTED BY**

Signature

Registration No.
(Attorney/Agent)

48,161

Telephone 816.460.2516

Name (Print/Type)

Lara Dickey Lewis

Date 12/17/2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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